



BUREAU OF REVENUE SERVICES
DEBTOR FINANCIAL STATEMENT
(Business)

Compliance Division
PO Box 9113
Augusta, Maine 04333-0024

1. Name and address of business	2. Business phone number	
	3. (Check appropriate box) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation _____	
4. Name and title of person being interviewed	5. Employer Identification Number	6. Type of business

7. Information about owner, partners, officers, major shareholder, etc.

Name and Title	Effective Date	Home Address	Phone Number	Social Security Number	Total Shares of

Section 1. General Financial Information

8. Latest filed income tax return	Form	Tax Year ended	Net income before taxes
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9. Bank accounts (List all types of accounts including payroll and general, savings, certificates of deposit, etc.)

Name of Institution	Address	Type of Account	Account Number	Balance
			Total (Enter in Item 18)	

10. Bank credit available (Lines of credit, etc.)

Name of Institution	Address	Credit Limit	Amount Owed	Credit Available	Monthly Payment
Totals (Enter in Items 23 or 24 as appropriate)					

Section 1 -- <i>Continued</i>	Financial Information
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11. Real property

Brief Description and Type of Ownership	Address (include County and State)
a.	
b.	
c.	
d.	

12. Life insurance policies owned with business as beneficiary

Name Insured	Company	Policy Number	Face Amount	Type	Available Loan Value
		Total (Enter in Item 19)			

13. Additional information regarding financial condition (*Court proceedings, bankruptcies filed or anticipated, transfers of assets for less than full value, changes in market conditions, etc.; include information regarding company participation in trusts, estates, profit-sharing plans, etc.*)

14. Accounts/Notes receivable (*include loans to stockholders, officers, partners, etc.*)

Name	Address	Amount Due	Date Due	Status
		\$		
	Total (Enter in Item 18)	\$		

Section II.**Asset and Liability Analysis**

Description (a)		Cur. Mkt. Value (b)	Liabilities Bal. Due (c)	Equity in Asset (d)	Amt. of Mo. Pmt. (e)	Name and Address of Lien/Note Holder/Obligee (f)	Date Pledged (g)	Date of Final Pmt. (h)
15. Cash on hand								
16. Bank Accounts								
17. Accounting/Notes receivable								
18. Life insurance loan value								
19. Real Property	a.							
	b.							
	c.							
	d.							
20. Vehicles (<i>Model, year, license</i>)	a.							
	b.							
	c.							
21. Machinery & equipment (<i>specify</i>)	a.							
	b.							
	c.							
22. Merchandise inventory (<i>specify</i>)	a.							
	b.							
23. Other Assets (<i>specify</i>)	a.							
	b.							
24. Other liabilities (<i>include notes & judgments</i>)	a.							
	b.							
	c.							
	d.							
	e.							
	f.							
	g.							
	h.							
25. Federal taxes owed								
26. Total								

Section III.**Income and Expense Analysis**

The following information applies to income and expenses during the period _____ to _____		Accounting method used	
Income		Expenses	
27. Gross receipts from sales, services,	\$	33. Materials purchased	\$
28. Gross rental income		34. Net wages and salaries	
29. Interest		35. Rent	
30. Dividends		36. Installment payments	
31. Other Income (<i>specify</i>)		37. Supplies	
		38. Utilities/Telephone	
		39. Gasoline/Oil	
		40. Repairs and maintenance	
		41. Insurance	
		42. Current taxes	
		43. Other (<i>specify</i>)	
32. Total	\$	44. Total	\$
		45. Net difference	\$

46. Additional information (*any information you feel might be pertinent*)

Certification		
Under the penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.		
47. Signature	48. Title	49. Date
WAIVER		
I authorize the Bureau of Revenue Services to obtain consumer reports or other information pertaining to my credit and financial responsibility from and credit bureau, credit agency or consumer-reporting agency.		
50. Your signature	51. Title	52. Date

